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ObjectId: 202301359349305035 - Submission: 2023-05-15

TIN: 73-0643311

Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

 $\label{lem:condition} \textbf{Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) }$

Do not enter social security numbers on this form as it may be made public.

 \blacktriangleright Go to $\underline{\textit{www.irs.gov/Form990}}$ for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

A F	or the 20	O21 calendar year, or tax year beginning 07-01-2021 , and ending 06-30	0-2022			
	ck if applic	■ TULSA OPERA INC		D Employ	er identifi	cation number
_	dress chan			73-0643	3311	
	me change tial return	Doing business as				
_	al return/ten	ninated				
	ended ret		te	E Telephon	e number	
ОАр	olication p	ending 1610 South Boulder				
		City or town, state or province, country, and ZIP or foreign postal code				
		Tulsa, OK 74119		G Gross re	ceipts \$ 1,	435,474
		F Name and address of principal officer:	H(a) Is this	a group re	turn for	
				dinates?		☐Yes ✓ No
			H(b) Are all include	subordinat	es	☐ Yes ☐No
I Tax	-exempt s	tatus: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527			ist. See ii	nstructions.
1 W	ebsite:	WWW.TULSAOPERA.COM	H(c) Group			
	000.00.	WWW.025/10121VII.0011		•		
K Forn	of organ	ization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of forma	tion: 1948	M State o	of legal domicile: OK
11 1011	i oi oigaii	Zadon. — Corporation — Irast — Association — Other p				
Pa	ırt I	Summary			L	
		fly describe the organization's mission or most significant activities:				
		SA OPERA, INC. OPERATES IN THE STATE OF OKLAHOMA FOR THE PRIMARY PUR FICULARLY OPERA, FOR THE GENERAL PUBLIC, INCLUDING MAINSTAGE PRODUC				
e Ce		SA OPERA CONDUCTS VARIOUS EDUCATIONAL PROGRAMS	1101101 111 7101	311101110		Roboerions,
jā,						
Je J						
Activities & Governance	? Che	eck this box 🕨 🗆				
×8		mber of voting members of the governing body (Part VI, line 1a)			3	20
es	4 Nur	mber of independent voting members of the governing body (Part VI, line 1b) .			4	20
¥	5 Tota	al number of individuals employed in calendar year 2021 (Part V, line 2a)			5	152
Ę	6 Total	al number of volunteers (estimate if necessary)			6	35
4	7a Total	al unrelated business revenue from Part VIII, column (C), line 12			7a	0
	b Net	unrelated business taxable income from Form 990-T, Part I, line 11			7b	0
				or Year		Current Year
_	8 Cor	ntributions and grants (Part VIII, line 1h)		2,458,8	364	671,884
를		gram service revenue (Part VIII, line 2g)		502,0	_	394,841
Revenue		estment income (Part VIII, column (A), lines 3, 4, and 7d)		302/		05.70.12
æ		per revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		149,4	112	157,010
		al revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,110,3		1,223,735
		ints and similar amounts paid (Part IX, column (A), lines 1–3)		3/213/5	-	1,223,733
		nefits paid to or for members (Part IX, column (A), line 4)		0.40.7	274	7.5.000
Expenses		aries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		840,9	9/1	765,068
æ		fessional fundraising fees (Part IX, column (A), line 11e)				С
8		l fundraising expenses (Part IX, column (D), line 25) ▶211,739				
ш		er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,266,2	_	2,123,185
		al expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		2,107,2	250	2,888,253
	19 Rev	renue less expenses. Subtract line 18 from line 12		1,003,0	098	-1,664,518
Net Assets or und Balances			Beginning	of Current Y	ear	End of Year
lan	20 -	al accept (Dart V. Bar 16)		4 405 3	247	4 0 10 ===
Ass		al assets (Part X, line 16)		1,435,2	_	1,342,709
und		al liabilities (Part X, line 26)		1,824,8	_	2,546,894
65 III	コココ ハーヘ+	accets or fund halances. Subtract line 21 from line 20		-380 1	sani	_1 204 195

Th.								
) s	ignature of officer				2023-05-10 Date			
ign r	agriculture of officer				Juic			
	elly Kirby Treasurer ype or print name and title							
7 ''	· · ·	<u> </u>		In		Lotte		
	Print/Type preparer's name	Preparer's	signature	Date 2023-05-15	Check \Box if	PTIN P01073464		
aid	Firmle sees - Kee McConnell	CDA DC			self-employed Firm's EIN			
reparer	Firm's name	CPA PC			FIFTH S EIN			
se Only	Firm's address ► 1861 E 15th St				Phone no. (918	3) 694-1062		
	Tulsa, OK 7410	04						
th - IDC di-	·		(i		<u> </u>	7 v	es 🗆 No	
•	cuss this return with the prepare Reduction Act Notice, see the	· · · · · · · · · · · · · · · · · · ·	,					
or ruperworr	Reduction Act Notice, See ti	ic separate mst	i dections.	Cat. I	lo. 11282Y		Form 99	0 (202
			Page 2					
			— Page 2 ———					
rm 990 (2021	.)							Page
Part III St	tatement of Program Serv	ice Accomplis	hments					- 5
	neck if Schedule O contains a res	-						
	scribe the organization's mission	•	any mie m emo : a.c					_
JLSA OPERA, !	INC. OPERATES IN THE STATE O	F OKLAHOMA FOR	R THE PRIMARY PURPOS	SE OF FURTHERI	NG THE APPRE	CIATION O	F MUSIC,	
ARTICULARLY (OPERA, FOR THE GENERAL PUBL	IC, INCLUDING M	AINSTAGE PRODUCTION	NS. IN ADDITIO	N TO THESES	PRODUCTI	ONS, TULS	SA OPER
JNDUCTS VAR	IOUS EDUCATIONAL PROGRAMS)						
Did the o	rganization undertake any signif	icant program ser	vices during the year w	hich were not lis	ted on			
			vices during the year w	men were not no	icca on	١	Yes 🔽	No
•	describe these new services on S						_ 1C5 W	INU
•	describe these new services on a							
Did the o	rganization cease conducting, or	· make significant	changes in how it cond	ucts, any progra	[[]			
	rganization cease conducting, or	· make significant	changes in how it cond	ucts, any progra	m 	_	☐ Yes	✓ No
services?			changes in how it cond	ucts, any progra			☐ Yes	☑ No
services? If "Yes," o	describe these changes on Sched	dule O.				•		
services? If "Yes," of the section 5	describe these changes on Schecthe organization's program servi 01(c)(3) and 501(c)(4) organiza	dule O. dule o. dice accomplishmentions are required	nts for each of its three	largest program	services, as r		y expense	s.
services? If "Yes," of the section 5	escribe these changes on Schect the organization's program servi	dule O. dule o. dice accomplishmentions are required	nts for each of its three	largest program	services, as r		y expense	s.
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Knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III </i>	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X , as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $\$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
		F	orm 99 0	0 (2021)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance		<u> </u>	_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 152			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No			
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No			
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c					
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No			
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No			
10	Section 501(c)(7) organizations. Enter:						
	Initiation fees and capital contributions included on Part VIII, line 12						
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders						
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans						
	Enter the amount of reserves on hand			NI.			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No			
ь 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	14b					
	parachute payment(s) during the year?	15		No			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No			

17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.	F	orm 99	0 (2021)
	Page 6 ———————————————————————————————————			
Form	990 (2021)			Page 6
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	o" resp	onse to	
	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction A. Governing Body and Management			
15	Enter the number of voting members of the governing body at the end of the tax year 1a 20		Yes	No
10	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or			
	similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	12a	Yes	
c	conflicts?	12b	Yes	
13	Schedule O how this was done	12c 13	Yes	No
14	Did the organization have a written whisheblower policy?	14	Yes	INO
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		163	
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			·
17	List the states with which a copy of this Form 990 is required to be filed			
18	OK Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			

	JOIL(C)(J)3 OTHY) available for public inspection, indicate now you made these available. Check all that apply.								
	Own website Another's website Upon request Other (explain in Schedule O)								
19	19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ▶Ken McConnell 1610 South Boulder Tulsa, OK 74119 (918) 582-4035								
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	Faye /								
Form	990 (2021) Page 7								
Pai	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								
	Check if Schedule O contains a response or note to any line in this Part VII								
Se	ction A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a C	mplete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax								
year.	ist all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount								
	npensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.								
• I	st all of the organization's current key employees, if any. See the instructions for definition of "key employee."								
who	st the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) eceived reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the ization and any related organizations.								
	st all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 ortable compensation from the organization and any related organizations.								
	st all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the ization, more than \$10,000 of reportable compensation from the organization and any related organizations.								
See t	ne instructions for the order in which to list the persons above.								
V	heck this box if neither the organization nor any related organization compensated any current officer, director, or trustee.								
	(A) Name and title (B) Average Position (do not check more Reportable Reportable Estimated bours per than one box unless compensation compensation amount of other								

week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the 2/1099for related (W-2/1099organization and Highest compensated employee Former Individual trustee or director organizations MISC/1099-MISC/1099related (ey emplo Institutional below dotted NEC) NEC) organizations line) yee Trustee 1.00 (1) Rev Michael Jackson 0 Director 0.00 1.00 (2) Christine McQueen Director 0 Χ 0 0.00 1.00 (3) Peggy Helmerich 0 Χ Director 0.00 1.00 (4) Mark Goldman 0 Χ 0 Director 0.00 1.00 (5) Lori Decter-Wright Χ 0 0 Director 0.00 1.00 (6) Anna Norberg Χ 0 0 Director 0.00 1.00 (7) Amanda Lovelace 0 Χ 0 Legal Counsel 0.00 40.00 (8) Ken McConnell 0 General Director & CEO 0.00 1.00 (9) Ceretha Terrell-Causey 0 Χ 0 Director 0.00 1.00 (10) Susan Young 0

Director	0.00						
(11) Martin WIng	1.00						
Director	0.00	Х					0
(12) Skip Teel	1.00						
Vision Chair	0.00	Х			0	0	0
(13) Tara OMahony	1.00						
Fund Development Chair	0.00	Х			0	0	0
(14) Kate Davis	1.00						_
Board Development Chair	0.00	Х			0	0	0
(15) Scott Filstrup	1.00					_	
Endowment Chair	0.00	Х			0	0	0
(16) Austin Birnie	1.00					_	
Audit chair	0.00	Х			0	0	0
(17) Phena Hackett	1.00						
Chorus President	0.00	Х			0	0	0

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(A)	(B)			(C))			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related	than c	ion (do not check more one box, unless person both an officer and a director/trustee) Reportable compensation from the organization (W- organization (W- 2/1000)				Estimated amount of other compensation from the organization and			
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099- NEC)	MISC/1099- NEC)	related organizations
18) Mike Pate	1.00	V						0	0	
President Guild of Tulsa Ope	0.00	X						0	U	
(19) Steven Walton	1.00									
/ice President	0.00	X		Х				0	0	C
(20) Ronnie Jobe	1.00									
President	0.00	X		Х				0	0	C
(21) Kelly Kirby	1.00									
Treasurer & Finance Chair	0.00	Х		Х				0	0	C
(22) Leonard Pataki	1.00									
Secretary	0.00	X		Х				0	0	C

2	Total number of individuals (including but n of reportable compensation from the organi		sted above) who rec	eived more than \$1	00,000		
						Yes	No
3	Did the organization list any former officer, line 1a? <i>If "Yes," complete Schedule J for su</i>			ighest compensated		3	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual							
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Ye	•	•	-	ividual for		No
Se	ection B. Independent Contractors				· · · [:	5	No
1	Complete this table for your five highest confrom the organization. Report compensation					ensation	
	4)	A)	ar ending with or wi		(B)		C)
	Name and bus	siness address		Desc	ription of services	Compe	nsation
	Total number of independent contractors (incl	luding but not limited	to those listed abo	ve) who received m	ore than \$100,000 o	f	
C	compensation from the organization					Form 99	0 (2021
							•
			Page 9				
orm	990 (2021)						Page 9
Pa	Statement of Revenue		, line in this Dort VIII				
	Check if Schedule O contains a res	sponse or note to any	(A)	(B)	(C)	 _ (D	
			Total revenue	Related or exempt	Unrelated business	Reve exclude	d from
				function revenue	revenue	tax under 512 -	
1	Federated campaigns 1a						
C:64-	ributions, Grants, Membership dues 1b						
	rAmt						
Arfio	Tundraising events 1c						
	Polated arganizations						
u	Related organizations 1d						
e (Government grants (contributions) 1e						
	85,806						
ä	All other contributions, gifts, grants, and similar amounts not included 1f						
	above						
g	586,078 Noncash contributions included in						
- I	lines 1a - 1f:\$						
h 1	Total. Add lines 1a-1f	671,884					
	- TICKET CALEC	Business Code	155,564	155,564			
	2a TICKET SALES	711190	133,304	133,304			
enn) EDUCATIONAL OUTREACH	611600	239,277	239,277			
Be							
Service Revenue	a						
Ser	1						
rogram							
700							

Form 990 (2021) Page 10	f All other program	service revenue	•					
similar amounts)	9 Total. Add lines 2	a-2f	. ▶	394,841				
S Royalties				erest, and other				
(i) Real (ii) Personal (iii) Personal (iii) Personal (iii) Personal (iiii) Personal (iiii) Personal (iiii) Personal (iiii) Personal (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	4 Income from invest	ment of tax-exe	mpt bon	d proceeds 🕨				
Sa Gross rents b Less: rental income or (loss) c Rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) c Rental income or (loss) d Net rental income or (loss) c Rental income or (loss) d Net rental income or (loss) c Rental income or (loss) d Net rental income or (loss) c Rental income or (loss) d Net gain or (loss) c Gain or (loss) d Net gain or (loss) c Gain or (loss) d Net	5 Royalties			▶				
b Less: central expenses 66		(i) Re	eal	(ii) Personal				
b Less: central expenses 66	6a Gross rents	6a						
c Retral income or (loss)	b Less: rental							
d Net rental income or (loss)	c Rental income							
7a Cross ensure from sales of the from sales of	d Net rental income	or (loss) .			1			
from sales of access other than inventory b Less: cost or or or observed than inventory c Gain or (loss) d Net gain or (loss) 5 Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18		(i) Secu	rities	(ii) Other				
All other revenue eTotal. Add lines 11a-11d Part IX Statement of Functional Expenses c Gain or (loss) 77 Total revenue See instructions solutions (solutions) 77 Total revenue See instructions (solutions) 78 To	from sales of assets other	7a						
d Net gain or (loss)	other basis and	7b						
Gross income from fundraising events of contributions reported on line 1c). 8a 368,749 b Less: direct expenses . 8b 211,739 c Net income or (loss) from fundraising events . 9b c Net income or (loss) from gaming activities . 9a b Less: cost of goods sold . 10b c Net income or (loss) from sales of inventory . Miscellaneous Revenue Business Code 11a Business Code 12 Total revenue. See instructions . 1,223,735 394,841 0 157,010 Page 10 Page 10 Page 10 Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).	` ,				ļ			
Tool including \$			· · ·	•	<u> </u>			
Covered to the content of the conten	O (makimali dima d	of d on line 1c).						
c Net income or (loss) from fundraising events			<u> </u>					
Gross income from gaming activities. See Part IV, line 19	b Less: direct expense]			
See Part IV, line 19				ts 🕨	157,010			157,010
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances	· ·							
returns and allowances 10a	c Net income or (los	s) from gaming	activities	5 · · •	1			
b Less: cost of goods sold 10b			10a					
C Net income or (loss) from sales of inventory . Miscellaneous Revenue	b Less: cost of goods	s sold						
Miscellaneous Revenue Business Code d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions Page 10	_		Ь——	· · · · · · · · · · · · · · · · · · ·	ı			
d All other revenue			inventor					
d All other revenue	11a							ļ
d All other revenue	b							
e Total. Add lines 11a–11d	с							
e Total. Add lines 11a-11d								
Page 10			l_					
Page 10	e Total. Add lines 13	la-11d		•				
Page 10	12 Total revenue. Se	ee instructions		• • •	1,223,735	394,841	0	
Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).					Page 10			FORM 990 (2021)
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).	orm 990 (2021)				rage 10			Page 10
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).	Part IX Statement	of Function	al Expe	nses				
	Section 501(c)(3) and 501(c)(4) orga	nizations must cor				

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII

(B) Program service (C) Management and (**D**) Fundraising

Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	130,000	109,500	14,000	6,500
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	586,921	498,883	58,692	29,346
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	22,343	18,992	2,234	1,117
10 Payroll taxes	25,804	21,933	2,580	1,291
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	10,416	8,854	1,042	520
d Lobbying				
e Professional fundraising services. See Part IV, line 17				_
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	116,408	116,408		
13 Office expenses	17,169	14,593	1,717	859
14 Information technology	39,070	33,210	3,907	1,953
15 Royalties	1,140	1,140		
16 Occupancy	26,329	22,380	2,633	1,316
17 Travel	149,721	149,721		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest	30,003	25,503	3,000	1,500
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	55,508	47,182	5,551	2,775
23 Insurance	34,744	29,532	3,474	1,738
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRODUCTION EXPENSE	1,511,373	1,174,821	180,294	156,258
b EDUCATION	131,304	111,608	13,130	6,566
С				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,888,253	2,384,260	292,254	211,739
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form **990** (2021)

		Check if Schedule O contains a response or not	te to a	ny line in this Part IX	<u></u> .	<u>. </u>	\square
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			18,607	1	48,609
	2	Savings and temporary cash investments .				2	
	3	Pledges and grants receivable, net			254,262	3	73,666
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial	contributor, or 35%		5	
	6	pans and other receivables from other disqualified persons (as defined under ection 4958(f)(1)), and persons described in section 4958(c)(3)(B)					
es.	7	Notes and loans receivable, net				7	
ssets	8	Inventories for sale or use				8	
4ss	9	Prepaid expenses and deferred charges	٠	. i. i. i i i	16,878	9	13,751
A	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,057,463	·		· · ·
	b	Less: accumulated depreciation	10b	850,780	1,145,500	10c	1,206,683
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities. See Part IV, line	11 .			12	
	13	Investments—program-related. See Part IV, line		<u> </u>		13	
	14	Intangible assets		`.` 		14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must eq			1,435,247	16	1,342,709
	17	Accounts payable and accrued expenses			30,231	17	111,316
	18	Grants payable	•	· · ·	00,201	18	111,010
	19	Deferred revenue	50,399	19	84,271		
			00,000	20	04,271		
	20	Tax-exempt bond liabilities	of Calcadula D				
es	21	Escrow or custodial account liability. Complete F		21			
Liabilities	22	Loans and other payables to any current or forn employee, creator or founder, substantial contri or family member of any of these persons .		22			
ĭ	23	Secured mortgages and notes payable to unrela		23			
	24	Unsecured notes and loans payable to unrelated		· ·	1,577,407	24	2,184,507
	25	Other liabilities (including federal income tax, pand other liabilities not included on lines 17 - 24	ayable	· —	166,800	25	166,800
	26	Complete Part X of Schedule D		-	1,824,837	26	2,546,894
ses	26	Total liabilities. Add lines 17 through 25 . Organizations that follow FASB ASC 958, cl	heck h	ere 🕨 🗹 and	1,024,037	26	2,340,694
and	27	complete lines 27, 28, 32, and 33. Net assets without donor restrictions			-389,590	27	-1,204,185
Bal	28	Net assets with donor restrictions		: : : : : : 	-309,390	28	-1,204,103
or Fund Balances		Organizations that do not follow FASB ASC	958,	check here and			
F	20	complete lines 29 through 33.		<u> </u>		20	
0 8	29	Capital stock or trust principal, or current funds		<u> </u>		29	
e	30	Paid-in or capital surplus, or land, building or ec		<u> </u>		30	
455	31	Retained earnings, endowment, accumulated in	come,	or other funds		31	
	32	Total net assets or fund balances			-389,590	32	-1,204,185
Net	33	Total liabilities and net assets/fund balances .	•		1,435,247	33	1,342,709
							Form 990 (2021
				— Page 12 ————			
		(2021)					Page 12
Pa	rt XI	Reconcilliation of Net Assets		and the tenth of the same			
		Check if Schedule O contains a response or n	ote to	any line in this Part XI	· · · · · · ·	T.	<u>.</u>
1	Tota	al revenue (must equal Part VIII, column (A), line	12) .			1	1,223,735
2	Tota	al expenses (must equal Part IX, column (A), line	25)			2	2,888,253
3	Rev	venue less expenses. Subtract line 2 from line 1				3	-1,664,518

Not accept or fund halances at heginning of year (must equal Part Y line 22 column (A))

-380 500

D Ir		7			-טטש,טט
Ir	et unrealized gains (losses) on investments	5			539,15
	onated services and use of facilities	6			
D.	nvestment expenses	7			22,07
) P	rior period adjustments	8			
0	ther changes in net assets or fund balances (explain in Schedule O)	9			288,70
0 N	et assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		-1	,204,18
Part X	Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
L A	ccounting method used to prepare the Form 990: Cash Accrual Other				
	the organization changed its method of accounting from a prior year or checked "Other," explain on chedule O.				
2a W	ere the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed operate basis, consolidated basis, or both:	on a			
	\square Separate basis \square Consolidated basis \square Both consolidated and separate basis				
h W	/ere the organization's financial statements audited by an independent accountant?		2b	Yes	
If	"Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate possolidated basis, or both:	basis,			
	☐ Separate basis ☐ Both consolidated and separate basis				
	"Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight f the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.	-	103	
	s a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii udit Act and OMB Circular A-133?	ngle	3a		No
	"Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red	Ja		NO
	udit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			F	orm 99	0 (2021

TIN: 73-0643311

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

2024

pen to Publi

Name of the organization
TULSA OPERA INC

Employer identification number

73-0643311 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**. 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 8 9 An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or b management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations q Provide the following information about the supported organization(s (i) Name of supported (iii) Type of (ii) EIN (iv) Is the organization listed (vi) Amount of (v) Amount of organization organization in your governing document? monetary support other support (see (described on lines (see instructions) instructions) 1- 10 above (see instructions)) Yes No For Paperwork Reduction Act Notice, see the Instructions for Cat. No. 11285F Schedule A (Form 990) 2021 Form 990 or 990-EZ. Page 2

Schedule A (Form 990) 2021

Page **2**

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

	r fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
•	Gifts, grants, contributions, and membership fees received. (Do not	2,229,431	2,000,605	2,141,197	1,294,010	1,192,459	8,857,702
2	include any "unusual grant.") Tax revenues levied for the organization's benefit and either paid						
3	to or expended on its behalf The value of services or facilities						
•	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	2,229,431	2,000,605	2,141,197	1,294,010	1,192,459	8,857,702
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly supported organization) included on						2,179,500
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						2/1/3/300
6	Public support. Subtract line 5 from line 4.						6,678,202
	Section B. Total Support						
	lendar year r fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	2,229,431	2,000,605	2,141,197	1,294,010	1,192,459	8,857,702
8	Gross income from interest, dividends, payments received on	597	311				908
	securities loans, rents, royalties and income from similar sources	397	311				908
9	Net income from unrelated business activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital						
11	assets (Explain in Part VI.) Total support. Add lines 7 through						0.050.610
12	10 Gross receipts from related activities, 6	etc (see instruction	ons)			12	8,858,610 2,210,744
13	First 5 years. If the Form 990 is for th	•	•				
	this box and stop here	-			•		,
	Section C. Computation of Public						
	Public support percentage for 2021 (lin					14	75.390 %
	Public support percentage for 2020 Sch 33 1/3% support test—2021. If the					more check this l	hox
	and stop here. The organization quality 33 1/3% support test—2020. If the	fies as a publicly	supported organiz	ation			🕨 🗸
	box and stop here. The organization			•		•	- 0
17a	10%-facts-and-circumstances test and if the organization meets the "fact						nization
	meets the "facts-and-circumstances" to 10%-facts-and-circumstances tes						
	more, and if the organization meets the	he "facts-and-circ	umstances" test,	check this box and	stop here. Expla	in in Part VI how t	the organization
18	meets the "facts-and-circumstances" f Private foundation. If the organization						▶∪
	instructions						▶□
						Schedule A (I	Form 990) 2021
			Page 3				
Sch	edule A (Form 990) 2021						Do
	Part III Support Schedule fo	or Organizatio	ns Described i	n Section 509	(a)(2)		Page 3
	(Complete only if you	checked the bo	x on line 10 of I	Part I or if the o	rganization faile		er Part II. If
_	the organization fails to Section A. Public Support	to qualify under	the tests listed	below, please o	complete Part II.)	
Ca	lendar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
(o		(4) 2027	(2) 2020	(0) 2025	(4) 2020	(5) 2522	(1) 10001
	membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the				1		
_	organization's tax-exempt purpose		<u> </u>		 	<u> </u>	
3	not an unrelated trade or business	·					
4							
	organization's bonofit and oither naid	1	ı	Ī	i	I	•

	organizacion s benent and either paid	ı	Ī	ı	ı	ı	1		
5	to or expended on its behalf The value of services or facilities								
3	furnished by a governmental unit to								
6	the organization without charge Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line 13 for the year.								
С	Add lines 7a and 7b								
8	Public support. (Subtract line 7c								
Se	ction B. Total Support								
	ndar year	() 2047	(1) 2010	() 2010	(I) 2020	() 2024	100	-	
	iscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(†)	Total	
9	Amounts from line 6			-					
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties and								
b	income from similar sources Unrelated business taxable income			+					
b	(less section 511 taxes) from								
	businesses acquired after June 30, 1975.								
С	Add lines 10a and 10b.								
11	Net income from unrelated business						1		
	activities not included on line 10b,								
	whether or not the business is regularly carried on.								
12	Other income. Do not include gain or								
	loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c,								
14	11, and 12.) First 5 years. If the Form 990 is for t	he organization's	first second thir	d fourth or fifth	tay year as a se	tion 501(c)(3) ord	anizat	ion ch	neck
14	this box and stop here								
Se	ction C. Computation of Public						· · ·		
15	Public support percentage for 2021 (lir	ne 8, column (f) d	livided by line 13,	column (f))		15			
16	Public support percentage from 2020 S	Schedule A, Part I	II, line 15			16			
Se	ction D. Computation of Invest	ment Income	Percentage			1 1			
17	Investment income percentage for 202	21 (line 10c, colu	mn (f) divided by	line 13, column	(f))	17			
18	Investment income percentage from 2	•	•			18			
19a	33 1/3% support tests-2021. If the							_	
	more than 33 1/3%, check this box and	stop here. The	organization qual	ifies as a publicly	y supported organ	nization	•	- □	40:
b	33 1/3% support tests—2020. If the	=						a line	18 15
20	not more than 33 1/3%, check this box	-	-		,	•			
20	Private foundation. If the organization	on did not check a	a box on line 14,	19a, or 19b, che	ck this box and se	Schedule A (2021
						Schedule A (rorm	990)	2021
			D 4						
			Page 4						
Sche	dule A (Form 990) 2021							Р	age 4
Par	t IV Supporting Organization	S							
	(Complete only if you checked a								
	box 12b, of Part I, complete Se 12d, of Part I, complete Section			12C, or Part 1, C	ompiete Sections	A, D, and E. II you	ı cneck	kea bo	X
Se	ction A. All Supporting Organiz	ations	•						
								Yes	No
1	Are all of the organization's supported								
	If "No," describe in Part VI how the st			ted. If designate	ed by class or pur	pose,			
	describe the designation. If historic an	u continuing relat	donsnip, explain.				1		
2	Did the organization have any support								
	509(a)(1) or (2)? If "Yes," explain in F described in section 509(a)(1) or (2).	Part VI how the o	organization deter	mined that the s	supported organiza	ation was			
	.,,,						2		
3a	Did the organization have a supported	organization desc	cribed in section !	501(c)(4), (5), o	r (6)? <i>If "Yes," an</i>	swer lines 3b and			
	3c below.						3a		
b	Did the organization confirm that each							I	
	Allow the control of				l	At a second of			
	the public support tests under section determination.	509(a)(2)? If "Ye.	s," describe in Pa	ort VI when and	how the organiza	tion made the			
	the public support tests under section determination. Did the organization ensure that all su	. , , ,	•		-	<u> </u>	3b		

	ır "res," expiain in Part V1 wnat controls the organization put in place to ensure such use.	3с		I
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.			
	· · · · · · · · · · · · · · · · · · ·	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
En	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b	4c		
5a	and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			
	organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .			
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting	9a		
	organization had an interest? If "Yes," provide detail in Part VI.	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets			
	in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10-		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	10a		
-	the organization had excess business holdings).	10b		
	Schedule A	(Form	1 990)	2021
	Page 5			
	dule A (Form 990) 2021		F	Page 5
Par	t IV Supporting Organizations (continued)			Γ
	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
11 a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
a	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
	VI.			
<u>Se</u>	ection B. Type I Supporting Organizations		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
	applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
-	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
	ection C. Type II Supporting Organizations			<u> </u>
<u>5e</u>	Calon C. 17pc 11 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			

each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the					⊢—		
supporting organization was vested in the same persons that controlled or managed the supported organization(s).							
S	ection	n D. All Type III Supporting Organizations				T 1	
_	D: 1.					Yes	No
1	tax y	the organization provide to each of its supported organizations, by the last day of year, (i) a written notice describing the type and amount of support provided during the 990 that was most recently filed as of the date of notification, and (iii) copies of	ng the	prior tax year, (ii) a copy of the			
		ments in effect on the date of notification, to the extent not previously provided?		J	1		
2		e any of the organization's officers, directors, or trustees either (i) appointed or el					
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).						
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant						
	voice	e in the organization's investment policies and in directing the use of the organiza on the tax year? <i>If "Yes," describe in Part VI the role the organization's supporte</i>	tion's i	ncome or assets at all times	3		
			u orga	mzations piayeu iii tilis regaru.			
1		n E. Type III Functionally-Integrated Supporting Organizations ck the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instruct	ions):		
	a	The organization satisfied the Activities Test. Complete line 2 below.		c daring the year (See mon dec	,.		
	ь <u> </u>	The organization is the parent of each of its supported organizations. Complete	line	3 below.			
	c \cap	The organization supported a governmental entity. Describe in Part VI how yo	u supr	oorted a government entity (see	instru	ctions)	
_	ا الله	,		, ,		,	
2	ACUV	rities Test. Answer lines 2a and 2b below.				Yes	No
	supp	substantially all of the organization's activities during the tax year directly further orted organization(s) to which the organization was responsive? <i>If "Yes," then in</i>	Part \	/I identify those supported			
		unizations and explain how these activities directly furthered their exempt purp onsive to those supported organizations, and how the organization determined th					
	subsi	tantially all of its activities.			2a		
	of the	the activities described on line 2a, above constitute activities that, but for the orgale organization's supported organization(s) would have been engaged in? <i>If "Yes,"</i>	' expla	in in Part VI the reasons for			
		organization's position that its supported organization(s) would have engaged in t nization's involvement.	nese a	ctivities but for the	2b		
3							
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in Part VI.							
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its							
	supp	orted organizations? If "Yes," describe in Part VI. the role played by the organization	ation ii	n this regard.	3b		
				Schedule A	(Forn	n 990)	2021
		Dans C					
		Page 6					
Sch	edule A	(Form 990) 2021				r	age 6
	art V	Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	izations			age U
1		Check here if the organization satisfied the Integral Part Test as a qualifying tru			/I). Se		
		instructions. All other Type III non-functionally integrated supporting organiza		nust complete Sections A throu	gń E.		
	Sec	tion A - Adjusted Net Income		(A) Prior Year		rent Yea onal)	r
1	Net s	short-term capital gain	1				
2		overies of prior-year distributions	2				
3	Othe	er gross income (see instructions)	3				
4	Add	lines 1 through 3	4				
5	Depr	reciation and depletion	5				
6	incor	ion of operating expenses paid or incurred for production or collection of gross me or for management, conservation, or maintenance of property held for luction of income (see instructions)	6				
7	Other expenses (see instructions) 7						
8	Adju	usted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Sec	tion B - Minimum Asset Amount		(A) Prior Year		rent Yea onal)	r
1		regate fair market value of all non-exempt-use assets (see instructions for short year or assets held for part of year):	1				
		rage monthly value of securities	1a				
		age monthly cash balances	1b				
	c Fair ı	market value of other non-exempt-use assets	1c				
	d Tota	(add lines 1a, 1b, and 1c)	1d				

e Discount claimed for blockage or other factors

	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt us	e assets	2			
3	Subtract line 2 from line 1d		3			
4	Cash deemed held for exempt use. Enter 0.015 of line instructions).	3 (for greater amount, see	4			
5	_Net value of non-exempt-use assets (subtract line 4 fi	rom line 3)	5			
6	Multiply line 5 by 0.035		6			
7	Recoveries of prior-year distributions		7			
8	Minimum Asset Amount (add line 7 to line 6)		8			
	Section C - Distributable Amount					Current Year
1	Adjusted net income for prior year (from Section A, lin	ne 8, Column A)	1			
	Enter 85% of line 1	, ,	2			
3	Minimum asset amount for prior year (from Section B	, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	, , , , , , , , , , , , , , , , , , , ,	4			
	Income tax imposed in prior year		5			
6	Distributable Amount. Subtract line 5 from line 4, u temporary reduction (see instructions)	nless subject to emergency	6			
7	Check here if the current year is the organization instructions)	n's first as a non-functionally-i	integrat	ed Type III sup	porting	g organization (see
					Sc	chedule A (Form 990) 2021
		Page 7				
Sche	dule A (Form 990) 2021					Page 7
Pa	rt V Type III Non-Functionally Integrated	l 509(a)(3) Supporting (Organ	izations (cor	ntinued	i) -
Sec	tion D - Distributions					Current Year
	Amounts paid to supported organizations to accomplish	overnt nurneses			1	
	Amounts paid to supported organizations to accomplish				1	
	Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organiz	ations, in	2	
3	Administrative expenses paid to accomplish exempt pur	poses of supported organization	ons		3	
4	Amounts paid to acquire exempt-use assets				4	
5	Qualified set-aside amounts (prior IRS approval require	d - provide details in Part VI)			5	
	Other distributions (describe in Part VI). See instruction				6	
	Total annual distributions. Add lines 1 through 6.	113			7	
8	Distributions to attentive supported organizations to wh	nich the organization is respons	sive (<i>pro</i>	ovide	8	
	details in Part VI). See instructions					
9	Distributable amount for 2021 from Section C, line 6				9	
10 l	ine 8 amount divided by Line 9 amount	-			10	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Und	(ii) derdistributio Pre-2021	ns	(iii) Distributable Amount for 2021
1 [Distributable amount for 2021 from Section C, line 6					
(Inderdistributions, if any, for years prior to 2021 reasonable cause required explain in Part VI). iee instructions.					
	excess distributions carryover, if any, to 2021:					
	From 2016					
b	From 2017					
	From 2018					
	From 2019					
	From 2020					
	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
i (Carryover from 2016 not applied (see					
	instructions)					
	emainder. Subtract lines 3g, 3h, and 3i from line 3f. stributions for 2021 from Section D, line 7:					
4 0	•					
а	Applied to underdistributions of prior years					

b Applied to 2021 distributable amount

	-	1	1	
c Remainder. Subtract lines 4a and 4b	from line 4.			
5 Remaining underdistributions for year: 2021, if any. Subtract lines 3g and 4a If the amount is greater than zero, e. See instructions.	from line 2.			
6 Remaining underdistributions for 2021 lines 3h and 4b from line 1. If the am than zero, explain in Part VI . See in:	nount is greater			
7 Excess distributions carryover to 2 3j and 4c.	2022. Add lines			
8 Breakdown of line 7:				
a Excess from 2017				
b Excess from 2018				
c Excess from 2019				
d Excess from 2020				
e Excess from 2021				_
Section A, lines 1, 2, 3b, 3c, Part IV, Section D, lines 2 an	n. Provide the explanations requ 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 1 d 3; Part IV, Section E, lines 1c, and Part V, Section E, lines 2, 5	11b, and 11c; Part IV, Section 2a, 2b, 3a and 3b; Part V, lir	n B, lines 1 and 2; ne 1; Part V, Sectio	Part IV, Section C, line 1; on B, line 1e; Part V
	Facts And Circ	cumstances Test		
Return Reference		Explanation		
		·	Sch	nedule A (Form 990) 2021

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efile Public Visual Render ObjectId: 202301359349305035 - Submission: 2023-05-15 TIN: 73-0643311 OMB No. 1545-0047 Schedule B Schedule of Contributors (Form 990) Attach to Form 990, 990-EZ, or 990-PF. 2021 Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service **Employer identification number** Name of the organization TULSA OPERA INC 73-0643311 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions Cat. No. 30613X Schedule B (Form 990) (2021) for Form 990, 990-EZ, or 990-PF.

Page 2

Schedule B (Form 990) (2021)

Page 2

Part I Contributor	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	Person Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<u> </u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
	•		Schedule B (Form 990) (2021)
	Page 3 ———		
Schedule B	(Form 990) (2021)		Page 3
Name of org TULSA OPER	anization	Employer identification 73-0643311	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received

-				\$_	
(a) No. from Part I	(b) Description of noncash p	property given		(c) or estimate) nstructions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash p	property given		(c) or estimate) nstructions)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash p	property given		(c) or estimate) nstructions)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash p	property given		(c) or estimate) nstructions)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash p	(b) Description of noncash property given			(d) Date received
_				\$_	
Schedule	B (Form 990) (2021)	Page 4 ————			Page 4
	rganization			Employer ider	ntification number
Part III	Exclusively religious, charitable, etc., control than \$1,000 for the year from any one control organizations completing Part III, enter the year. (Enter this information once. See inst Use duplicate copies of Part III if additional sp	ributor. Complete columns (a) the total of exclusively religious, clustions.) ► \$	nrough (e) a	and the followin	g line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descri	ption of how gift is held
-	Transferee's name, address, and Z	(e) Transfer of gift	Relationshi	p of transferor to	o transferee
(a) No. from Part I	(b) Purpose of gift	_ (c) Use of gift		(d) Descri	ption of how gift is held
-	Transferee's name, address, and Z	(e) Transfer of gift	Relationshi	p of transferor to	o transferee
(a) No from	(h) Purnose of aift	(c) Use of aift		(d) Descri	ntion of how aift is held

Part I	(b) i dipose oi giit		(o) osc or gift	(a) Description of now gire is now
. =	Transferee's name, address, and 2		e) Transfer of gift Relatio	nship of transferor to transferee
(a) No. from	(b) Purpose of gift	<u> </u>	(c) Use of gift	(d) Description of how gift is held
Part I				
=	Transferee's name, address, and 2	ZIP 4 (6	e) Transfer of gift Relatio	nship of transferor to transferee
		_		Schedule B (Form 990) (2021)

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TIN: 73-0643311

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

	me of the organization SA OPERA INC				Employer identification number
IUL	DA OFERA INC				73-0643311
Pa	rt I Organizations Maintaining Donor Advis				or Accounts.
	Complete if the organization answered "Yes				
	Tabal growth and a forces	(a) Donor	advise	ed funds	(b) Funds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's exc				
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or	for a	ny other purpose o	
Pa	t II Conservation Easements. Complete if the organization answered "Yes	s" on Form 990, F	Part I\	/, line 7.	
1	Purpose(s) of conservation easements held by the organ	nization (check all th	nat app	oly).	
	Preservation of land for public use (e.g., recreation	or education)		Preservation of an	n historically important land area
	Protection of natural habitat			Preservation of a	certified historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a ceasement on the last day of the tax year.	qualified conservation	on con	tribution in the fo	rm of a conservation Held at the End of the Year
а	Total number of conservation easements				2a
b	Total acreage restricted by conservation easements				2b
c	Number of conservation easements on a certified historic				2c
d	Number of conservation easements included in (c) acquir		` '		2d
u	structure listed in the National Register				20
3	Number of conservation easements modified, transferred tax year	d, released, extingu	ished,	or terminated by	the organization during the
4	Number of states where property subject to conservation	n easement is locate	ed ▶		
5	Does the organization have a written policy regarding th and enforcement of the conservation easements it holds	e periodic monitorir?	ng, ins	pection, handling	of violations,
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of vio	lation	s, and enforcing c	
7	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violatior	ns, and	d enforcing conser	rvation easements during the year
8	Does each conservation easement reported on line 2(d)	above satisfy the re	equirer	ments of section 1	
_	and section 170(h)(4)(B)(ii)?				☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conse balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the orga			
Par	t III Organizations Maintaining Collections Complete if the organization answered "Yes				ner Similar Assets.
1a	If the organization elected, as permitted under FASB ASI historical treasures, or other similar assets held for publ Part XIII, the text of the footnote to its financial statement	ic exhibition, educat	tion, o	r research in furth	
b	If the organization elected, as permitted under FASB ASI historical treasures, or other similar assets held for publ following amounts relating to these items:				
(i) Revenue included on Form 990, Part VIII, line 1				▶\$
(i	i) Assets included in Form 990, Part X				> \$
2	If the organization received or held works of art, historic following amounts required to be reported under FASB A	cal treasures, or oth	er sim	ilar assets for fina	
а	Revenue included on Form 990, Part VIII, line 1	-			\$
_					<u></u>

Par	tIII	Organizations Maintaining Co	llections of Art, H	listori	ical T	reası	ıres, or Other	Similar As	sets (conti	nued)	
3		the organization's acquisition, accessio (check all that apply):	n, and other records,	check	any of	the fo	llowing that are a	significant u	se of its coll	ection	
а		Public exhibition		d		Loan	or exchange pro	grams			
b		Scholarly research		е		Othe	r				
c		Preservation for future generations									
4	Provi Part 2	de a description of the organization's co XIII.	llections and explain	how the	ey furtl	ner the	e organization's e	xempt purpos	se in		
5		ng the year, did the organization solicit o is to be sold to raise funds rather than to							Yes		0
Pai	t IV	Escrow and Custodial Arrange Complete if the organization answ line 21.		m 990	, Part	IV, lir	ne 9, or reporte	d an amour	nt on Form	990, F	Part X,
1a		e organization an agent, trustee, custod ded on Form 990, Part X?							☐ Yes		o
b	If "Ye	es," explain the arrangement in Part XIII	and complete the fo	llowina	table:			Aı	mount		_
c		nning balance	·	_			1c				_
d	Addit	ions during the year					1d				
е		butions during the year					_				_
f		ng balance									_
2a	Did tl	he organization include an amount on Fo	orm 990, Part X, line	21, for	escrow	or cu	stodial account li	ability?	☐ Yes		_ o
b		es," explain the arrangement in Part XIII	, ,					•			
Pa	rt V	Endowment Funds.		•							
		Complete if the organization answ							1		
1-	Pogina	sing of year balance	(a) Current year 4,444,075	(b) F	Prior yea		(c) Two years back 3,793,719	(d) Three yea	rs back (e) 763,462	Four year	982,272
	_	ing of year balance	4,444,073		3,095	7,017	3,793,719	3,,	703,402	3,3	962,272
		outions vestment earnings, gains, and losses	-542,695		181	,484	142,167	'	269,719		-33,034
		or scholarships	,,,,,,				, ,				
		expenditures for facilities									
	and pr	ograms	290,799			1,459	184,057		185,776		167,002
		istrative expenses	22,073			0,662	18,787		18,774		18,774
g		year balance	3,588,508		3,875		3,733,042	3,8	328,631	3,7	763,462
2 a		de the estimated percentage of the curr d designated or quasi-endowment •	ent year end balance	(line 1	g, colu	mn (a)) held as:				
b	Perm	anent endowment 🕨									
С		endowment •									
_		percentages on lines 2a, 2b, and 2c shou	•								
3а		here endowment funds not in the posses nization by:	ssion of the organizat	ion tha	t are h	eid an	d administered fo	r the		Yes	No
	(i) ∪	nrelated organizations							3a(i)		No
	(ii) R	Related organizations							3a(ii)		No
b		es" on 3a(ii), are the related organization	·			? .			3b		
4	Desci	ribe in Part XIII the intended uses of the		wment	funds.						
Pai	t VI	Land, Buildings, and Equipme		m 000	Dort	T\ / :-	112 Coo For	OOO	t V line 10	,	
	Descri	Complete if the organization answiption of property (a) Cost or ot (investment)	her basis (b) Cost				(c) Accumulated			ook value	<u> </u>
1a	Land				10	06,837					106,837
b	Buildin	ıgs			28	32,319		251,813			30,506
		nold improvements			12	29,686		64,055			65,631
		nent			44	10,413		525,186			-84,773
е	Other				1,09	98,208		9,726		1,	088,482
		lines 1a through 1e. (Column (d) must	egual Form 990, Part	X. colu	ımn (B). line	10(c).)	•			206 683

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 99	0 Part IV	line 11h See Fo	rm 990 Part X	line 12
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of value of value or end-of-year i	aluation:
(1) Financial derivatives	·			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII Investments - Program Related.	O Part IV	line 11c Coe Fo	rm 000 Part V	lino 12
Complete if the organization answered 'Yes' on Form 99 (a) Description of investment	U, Pait IV,	(b) Book value	(c) Meth	nod of valuation:
(1)			Cost or end-	of-year market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990 (a) Description		line 11d. See Fo	rm 990, Part X,	line 15. (b) Book value
(1)				(2) 2001 value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	<u>.</u>	<u></u>		
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990 1. (a) Description of liability), Part IV, I	line 11e or 11f.S	ee Form 990, F	Part X, line 25. (b) Book value
1. (a) Description of liability (1) Federal income taxes				(b) book value

	LOAN		166,800
	1 LOAN		100,000
	. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	hamenta ita ita ita	166,800
	ability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial sta		
лgа	nization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has	•	(Form 990) 2021
		Scriedule D	(101111 990) 2021
	Page 4		
	dule D (Form 990) 2021		Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	Return.	
1	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements	1	1,223,735
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-	1,223,735
ے a	Net unrealized gains (losses) on investments		
a b	Donated services and use of facilities	-	
C	Recoveries of prior year grants	-	
d		-	
a e	Other (Describe in Part XIII.)		
е 3	Subtract line 2e from line 1	3	1,223,735
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1,223,733
+ a	Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: 4a		
a b	Other (Describe in Part XIII.)	-	
C	Add lines 4a and 4b	4c	
5		5	1 222 725
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	_	1,223,735
r al	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Netuill.	
1	Total expenses and losses per audited financial statements	1	2,888,253
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,888,253
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,888,253
Pa	rt XIII Supplemental Information		
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par ss 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	t V, line 4; Pai	t X, line 2; Part XI,
	Return Reference Explanation		
	<u>'</u>	Schedule D	(Form 990) 2021

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ObjectId: 202301359349305035 - Submission: 2023-05-15

TIN: 73-0643311

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2021

Department of th Internal Revenue		Co	organizat	ion entered Atta	d more than	n \$15,000 on Form 990-EZ, I 990 or Form 990-EZ. instructions and the latest in	ine 6a.	s, or ir the	Open to Public Inspection						
Name of the TULSA OPER	e organization RA INC							Employer ide	entification number						
							73-0643311								
Part I		_	ties. Complete if re not required t	_		answered "Yes" on Fo	orm 990,	Part IV, line 1	.7.						
1 Indica	ate whether the	organiza	tion raised funds th	rough an	y of the f	ollowing activities. Check	all that a	apply.							
a	ail solicitations				•	Solicitation of non	-governm	ent grants							
b In	ternet and ema	il solicitat	cions		1	f Solicitation of government grants									
c Ph	none solicitation	ıs			ç	■ Special fundraisin	g events								
d	-person solicita	tions													
						vidual (including officers, on with professional fund			es 🗆 No						
			id individuals or en ,000 by the organi		draisers)	pursuant to agreements	under whi								
	nd address of in		(ii) Activity	fundrai custo cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) iser listed in col. (i)	(vi) Amount paid to (or retained by) organization						
				Yes	No										
Γotal					. ▶										
3 List all s licensing		the organ	ization is registere	d or licens	sed to sol	icit contributions or has l	een notifi	ed it is exempt	from registration or						
						A 57									
ror Paperwo	огк кeduction A d	t Notice, s	see the Instructions	TOT FORM			50083H	S	chedule G (Form 990) 202						
0-1-1 0	(Farma 000) 20	24			—— Pa	ige 2 —————			•						
scneaule G	(Form 990) 20	Z I							Page						

		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		PRES COUNCIL	OPERA BALL	2	col. (c))
		(event type)	(event type)	(total number)	
ue					
Revenue					
Re					
	-				
	1 Gross receipts	180,249	188,500		368,749
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	180,249	188,500		368,749
	,	100,213	100,300		300,743
	4 Cash prizes				
ses	· · · · · ·				
en	6 Rent/facility costs				
盔	7 Food and beverages	95,282	98,333		193,615
Direct Expenses	8 Entertainment				
ā	9 Other direct expenses		18,124		18,124
	10 Direct expense summary. Add lines 4 th	rough 9 in column (d)			211,739
	11 Net income summary. Subtract line 10 f				157,010
Par	rt III Gaming. Complete if the orga on Form 990-EZ, line 6a.	nization answered "Ye	s" on Form 990, Part I'	V, line 19, or reported	more than \$15,000
е			(b) Pull tabs/Instant		(d) Total gaming (add col.
Revenue		(a) Bingo	bingo/progressive bingo	(c) Other gaming	(a) through col.(c))
Sev	 				
	1 Gross revenue				
enses	2 Cash prizes				
Đ.	3 Noncash prizes				
# E	[
Direct	4 Rent/facility costs				
Ω	5 Other direct expenses				
		☐ Yes%	☐ Yes %	☐ Yes%	
	6 Volunteer labor	☐ No	☐ No	☐ No	
	7 Direct expense summary. Add lines 2 th	rough 5 in column (d)			
	8 Net gaming income summary. Subtract	line 7 from line 1, columi	n (d)	<u> </u>	
9	Enter the state(s) in which the organization				
а	Is the organization licensed to conduct gar				☐ Yes ☐ No
b	If "No," explain:				
10a	, , , , , , , , , , , , , , , , , , , ,				☐ Yes ☐ No
b	If "Yes," explain:				
					000\ 2021

Sche	edule G (Form 990) 2021				Page 3
11	Does the organization conduct ga	ning activities with nonmember	5?	· · □ Yes	□No
12	Is the organization a grantor, ben- formed to administer charitable ga		member of a partnership or other entity	· · □ Yes	□ No
13	Indicate the percentage of gaming	activity conducted in:			_ 110
а	The organization's facility .			13a	%
b	An outside facility			13b	%
14	Enter the name and address of th	e person who prepares the orga	nization's gaming/special events books and re	cords:	
	Name -				
	Address				
15a			m the organization receives gaming	· · □ Yes	□No
b		ing revenue received by the org	anization 🕨 \$ and the		
c	If "Yes," enter name and address	of the third party:			
	Name				
	Address				
16	Gaming manager information: Name Gaming manager compensation Description of services provided	* \$			
	☐ Director/officer	Employee	☐ Independent contractor		
17 a	Mandatory distributions: Is the organization required under retain the state gaming license?		stributions from the gaming proceeds to	· · 🗆 Yes	□No
b	Enter the amount of distributions in the organization's own exempt		ated to other exempt organizations or spent \$		
Pai	art IV Supplemental Inform	nation. Provide the explanat	ions required by Part I, line 2b, columns icable. Also provide any additional inforr		
	Return Reference		Explanation		
			Schedu	ıle G (Form 990) 2	021
Ad	dditional Data			Return	to Form

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ObjectId: 202301359349305035 - Submission: 2023-05-15

TIN: 73-0643311

OMB No. 1545-0047

Open to Public Inspection

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

Name of the organization TULSA OPERA INC

Employer identification number

73-0643311

Return Reference	Explanation
Members or stockholder classes and rights Part VI line 6	ALL DONORS ARE CONSIDERED MEMBERS AND ARE INVITED TO THE ANNUAL MEETING
Member election for additional members Part VI line 7a	ALL MEMBERS ELECT THE GOVERNING BOARD
Form 990 governing body review Part VI line 11	CERTAIN MEMBERS OF THE FINANCE COMMITTEE HAVE REVIEWED THE FORM AND IT HAS BEEN MADE AVAILABLE TO THE BOARD OF DIRECTORS PRIOR TO FILING.
Conflict of interest policy compliance Part VI line 12c	EACH BOARD MEMBER IS REQUIRED ANNUALLY TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE. THE SIGNED FORMS ARE MONITORED FOR ANY RELATED RISK.
CEO executive director top management comp Part VI line 15a	THE PERSONNEL COMMITTEE CONDUCTS REVIEWS, DOCUMENTS ITS WORK, AND MAKES RECOMMENDATIONS FOR THE COMPENSATION IN A WRITTEN REPORT TO THE PRESIDENT, WHO EXECUTES EMPLOYEMENT CONTRACTS FOR THE GENERAL DIRECTOR AND ARTISTIC DIRECTOR WITH THE APPROVAL OF THE BOARD.
Other officer or key employee compensation Part VI line 15b	THE PERSONNEL COMMITTEE CONDUCTS REVIEWS, DOCUMENTS ITS WORK, AND MAKES RECOMMENDATIONS FOR THE COMPENSATION IN A WRITTEN REPORT TO THE PRESIDENT, WHO EXECUTES EMPLOYEMENT CONTRACTS FOR THE GENERAL DIRECTOR AND ARTISTIC DIRECTOR WITH THE APPROVAL OF THE BOARD.
Governing documents etc available to public Part VI line 19	THESE DOCUMENTS ARE PROVIDED TO THOSE WHO REQUEST THEM. ALSO THESE DOCUMENTS ARE PLACED ON TULSA OPERAS WEBSITE AND ON THE GUIDESTAR WEBSITE.
Explanation of other changes in net assets or fund balances Part XI line 9	EQUITY TRANSFER FROM TULSA OPERA ENDOWMENT TRUST tion Act Notice see the Instructions for Form 990 or 990-F7 Cat. No. 51056K Schedule Q (Form 990) 2021

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 51056K

Schedule O (Form 990) 2021

Additional Data

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Software ID: Software Version:

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2021

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Department of the Treasury		►G	io to <u>www</u>	v.irs.gov/	Form990 for in	structio	ns and t	he late	st inforn	nation.						pen to Inspe		С
Internal Revenue Service Name of the organization											Em	ployer id	lentifica	tion	•			
TULSA OPERA INC											73-	0643311						
Part I Identification	n of Disregarded E	ntities. Co	mplete if	the organ	nization answe	ered "Yes	s" on Fo	rm 990), Part IV	/, line 3	3.							
	(a)		•		(b)			(c)		(d)			(e)			(f)		
Name, address, and	d EIN (if applicable) of disre	garded entity			Primary acti	vity		omicile (s eign coun		Total inc	ome	End-of-y	year asset	S	D	Direct cont entity		
	of Related Tax-Exe			is. Compl	ete if the orga	nization	answer	ed "Yes	s" on For	m 990	, Part	IV, line 3	34 beca	use i	t had c	ne or n	nore	
	mpt organizations du (a) I EIN of related organization		x year.	Prim	(b) ary activity	Legal do	(c) omicile (sta ign countr	ate Ex	(d) cempt Code	section	Public (if sec	(e) c charity station 501(c)	atus ((3))	Dire	(f) ect contro entity	olling	Section (13) co ent	512(b) ntrolled ity?
(1)TULSA OPERA ENDOWMENT TRUST I 1610 S BOULDER			ENDOWMEN	IT INVESTMENTS		ОК	50:	501C3		12a		N/	A			Yes	No No	
Tulsa, OK 74119 73-1214668 (2)TULSA OPERA ENDOWMENT TRI	UST II			ENDOWMEN	IT INVESTMENTS		ОК	50:	1C3		12a							No
1610 S BOULDER Tulsa, OK 74119 73-6212218													N/	A				
For Paperwork Reduction Ac	ct Notice, see the Ins	tructions fo	or Form 9	90.		Ca	at. No. 50	135Y						Sche	dule R	(Form 9	90) 20)21
			— Page	2 —														
Schedule R (Form 990) 2021																	Pag	e 2
Part III Identification one or more rela	of Related Organiz ated organizations tr	ations Ta eated as a	xable as partners	a Partne	ership. Comply the tax year.	lete if th	ie organ	ization	answere	ed "Yes	on F	orm 990	, Part I\	/, lin	e 34, b	ecause	it had	
Name, add related	(a) ress, and EIN of organization		(b) Primary activity	(c) Legal domicil (state of foreign country)	or entity	Predom income(i unrela excluded under se 512-5	ninant related, ated, from tax ections	(f) Share of total income	end-of	-	(h) isproprt allocation	ionate ons?	(i) Code V-U amount box 20 Schedule (Form 10	in of K-1	(j Gener mana partr	ral or aging ner?	Perce	k) entage ership
										Y	es	No			Yes	No		
because it had o	of Related Organiz one or more related (organizatio	ns treate	d as a co	rporation or tr	ust durii	ng the t	ax year	r.		ered "		Form 99			line 34		
(a) Name, address, and El related organization	IN of n	(b) Primary a	ectivity	c	(c) Legal Iomicile e or foreign	Direct o	(d) controlling ntity	Type of	e) of entity orp, S orp,	(f) share of to income		(g) hare of end of-year assets	d- Pe	(h) ercenta wnersi	age	contro	(i) n 512(b) olled enti	ity?

				country)			טר נרנ	ISt)					169	_	110
_														-	
_														_	
											Sch	edule R	Form 9	90) 2	202
			Page 3 -												
hed	dule R (Form 990) 2021													Pa	ige :
a	rt V Transactions With Related Organ	izations. Com	plete if th	ne organization	n answe	ered "Yes" o	n Form 9	90, Part	IV, line 34,	35b, or 3	36.				
	Note. Complete line 1 if any entity is listed in P	arts II, III, or IV	of this sche	edule.										Yes	N
Dı	uring the tax year, did the orgranization engage i	n any of the follo	wing transa	actions with one	or more	e related orga	nizations l	isted in Pa	arts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royali	ies, or (iv) rent	rom a con	trolled entity .									1a		
	Gift, grant, or capital contribution to related org												1b		<u> </u>
	Gift, grant, or capital contribution from related											•	1c		<u> </u>
	Loans or loan guarantees to or for related organization	. ,											1d 1e		\vdash
е	Loans or loan guarantees by related organization	11(5)											1		<u> </u>
f	Dividends from related organization(s)												1f		
	Sale of assets to related organization(s)												1g		T
h	Purchase of assets from related organization(s)												1h		
i	Exchange of assets with related organization(s)												1i		
j	Lease of facilities, equipment, or other assets to	related organiza	tion(s) .										1j		
	Lease of facilities, equipment, or other assets fi										•		1k		<u> </u>
	Performance of services or membership or fund	=											11 1m		-
	Performance of services or membership or fund Sharing of facilities, equipment, mailing lists, or										•		1m		
	Sharing of paid employees with related organiz												10		_
	3 · p. · · · p. · p. · · · · · · · · · ·	(-)													
р	Reimbursement paid to related organization(s)	for expenses .											4		\vdash
q	Reimbursement paid by related organization(s)	for expenses .										•	1p		
													1p		
													1q		
	Other transfer of cash or property to related org											•	1q 1r		
s	Other transfer of cash or property from related	organization(s) .				<u></u>							1q		
s	Other transfer of cash or property from related If the answer to any of the above is "Yes," see t	organization(s) .				<u></u>	· · ·		• • • • • • • • • • • • • • • • • • •				1q 1r		
s	Other transfer of cash or property from related	organization(s) . he instructions for				<u></u>	ncluding co (b) Transactio	vered rela		d transacti		(d)	1q 1r 1s	volved	
s	Other transfer of cash or property from related If the answer to any of the above is "Yes," see t	organization(s) . he instructions for				<u></u>	ncluding co	vered rela	tionships an	d transacti	on threshold	(d)	1q 1r 1s	volved	
s	Other transfer of cash or property from related If the answer to any of the above is "Yes," see t	organization(s) . he instructions for				<u></u>	ncluding co (b) Transactio	vered rela	tionships an	d transacti	on threshold	(d)	1q 1r 1s	volved	
s	Other transfer of cash or property from related If the answer to any of the above is "Yes," see t	organization(s) . he instructions for				<u></u>	ncluding co (b) Transactio	vered rela	tionships an	d transacti	on threshold	(d)	1q 1r 1s	volved	
s	Other transfer of cash or property from related If the answer to any of the above is "Yes," see t	organization(s) . he instructions for				<u></u>	ncluding co (b) Transactio	vered rela	tionships an	d transacti	on threshold	(d)	1q 1r 1s	volved	
s	Other transfer of cash or property from related If the answer to any of the above is "Yes," see t	organization(s) . he instructions for				<u></u>	ncluding co (b) Transactio	vered rela	tionships an	d transacti	on threshold	(d)	1q 1r 1s	volved	
s	Other transfer of cash or property from related If the answer to any of the above is "Yes," see t	organization(s) . he instructions for				<u></u>	ncluding co (b) Transactio	vered rela	tionships an	d transacti	on threshold	(d)	1q 1r 1s	volved	1
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s	Other transfer of cash or property from related If the answer to any of the above is "Yes," see t	organization(s) . he instructions for				<u></u>	ncluding co (b) Transactio	vered rela	tionships an	d transacti	on threshold	(d)	1q 1r 1s		
s	Other transfer of cash or property from related If the answer to any of the above is "Yes," see t	organization(s) . the instructions for the instructions for the instructions for the instruction of the ins	 r informati			<u></u>	ncluding co (b) Transactio	vered rela	tionships an	d transacti	on threshold	(d)	1q 1r 1s		
s	Other transfer of cash or property from related If the answer to any of the above is "Yes," see t	organization(s) . the instructions for the instructions for the instructions for the instruction of the ins				<u></u>	ncluding co (b) Transactio	vered rela	tionships an	d transacti	on threshold	(d)	1q 1r 1s		
5	Other transfer of cash or property from related If the answer to any of the above is "Yes," see t Name of related	organization(s) . the instructions for the instructions for the instructions for the instruction of the ins	 r informati			<u></u>	ncluding co (b) Transactio	vered rela	tionships an	d transacti	on threshold	(d)	1q 1r 1s		
S	Other transfer of cash or property from related If the answer to any of the above is "Yes," see t	organization(s) . the instructions for the instructions for the instructions for the instruction of the ins	 r informati			<u></u>	ncluding co (b) Transactio	vered rela	tionships an	d transacti	on threshold	(d)	1q 1r 1s	90) 2	202
s !	Other transfer of cash or property from related If the answer to any of the above is "Yes," see to the above is "Yes," see the a	e as a Partne	r informati	on on who must	t comple	te this line, ir	cluding co (b) Transactic type (a-s	vered relation	itionships an (c) Amount involv	d transacti	on threshold Method of de	(d) ttermining	1q 1r 1s amount in	90) 2 Pa	202
s 2	Other transfer of cash or property from related If the answer to any of the above is "Yes," see to the above is "Yes," see the above is "Yes," see the above is "Yes," see the above i	e as a Partne as a partnership	Page 4 -	on on who must	t comple	te this line, ir	cluding co (b) Transactic type (a-s	vered relation	itionships an (c) Amount involv	d transacti	on threshold Method of de	(d) ttermining	1q 1r 1s amount in	90) 2 Pa	202
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s 2	Other transfer of cash or property from related If the answer to any of the above is "Yes," see to the above is "Yes," see the abov	e as a Partne as a partnership ing exclusion for	Page 4 - rship. Co through w certain in: (c) Legal domicile	mplete if the hich the organizestment partne (related, unrelated, unrelated, excluded from	organiz zation corships.	ation answe	ered "Yes" e than five (f) Share of total	vered relation (s)	n 990, Part f its activitie	IV, line 3 s (measure)	7. ed by total a Code V-UBI amount in box 20 of Schedule K-1	edule R (Form 9	Parenue)	age (
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Schedule R (Form 990) 2021													Page 5
Part VII Supplemental Information													
Provide additional information for resp	onses to questi	ons on Sche	edule R. See in	structions.		lanati							
Return Reference	Explanation Schedule R (Form 990) 2021												
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